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	APPLICATION NO.	FILING DATE	FIRST NAMED		DINVENTOR	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
	09/476,708	09/476,708 12/30/1999 IANNI		MAE HOWARDS KORITZINSKY		G	EMS:0036-1/	8181	
_	ITLE OF INVENTION: IN				PUBLICATION F	FF TOT	AL FEE(S) DUE	DATE DUE	
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· L	EXAMINER		ART UNIT		CLASS-SUBCLAS	CLASS-SUBCLASS			
_	ROSEN, NICHOLAS D		3625		705-002000				
CI	1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
		RESIDENCE DATA TO B				······································			
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	(A) NAME OF ASSIGNE GE Medica Technolog	E 1 Systems G 1y Company, 1	lobal	B) RESIDENCE: (CITY and STATE OR COUNTRY) Waukesha, Wisconsin					
Ple	ase check the appropriate	assignee category or catego	ries (will not be prir	ited on the pa	tent): 🗖 Individua	Corporation	or other private gro	up entity Government	
4a.	4a. The following fee(s) are enclosed: 4b. Payment of Fec(s):								
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Authorized Signature Date April 1, 2005

Typed or printed name Patrick S. Yoder Registration No. 37,479

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).